W50000024087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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L05-24087

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MJH

05 APR -5 PM 1:55

WLD ENTERPRISES, INC.
LAS OLAS CITY CENTRE
401 EAST LAS OLAS BOULEVARD
SUITE 2200
FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 523-7771
FAX (954) 760-9845
INTERNET: dletzelter@wldent.com

DIANNE E. LETZELTER
CONTROLLER

March 31, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find a check in the amount of $120.00 for the following statement of change of registered office or registered agent request for the following entities:

- Las Olas Real Estate II, LLC $25.00
- Las Olas Real Estate II, LP $35.00
- Las Olas Real Estate Holdings, LLC $25.00
- Las Olas Real Estate Holdings, LP $35.00

Please let me know if you have any questions. Thank you.

Sincerely,

Dianne E. Letzelter

enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Las Olas Real Estate II, LLC

2. The mailing address of the limited liability company is : 401 E. Las Olas Boulevard, Suite 2200
Fort Lauderdale, Florida 33301

March 9, 2005
3. Date of filing/registration in Florida

EIN # 20-2479231 L05000024087
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mr. Lawrence Gragg
Name
200 S. Biscayne Boulevard, Suite 4900
Address
Miami, Florida 33131
City, State and Zip

05 APR -6 PM 1:55

6. The name and address of the new registered agent and/or office:

Mr. David W. Horvitz
Name
401 E. Las Olas Boulevard, Suite 2200
Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale 33301 FL
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

David W. Horvitz
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: $25.00